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					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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		1 2 1 LOO	[]					(Signature)		
		1. 1Hr.	8/ F/					· (Date)		
APPLICATION NO.	FILING DATE	ENT & TPACE	FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.		
10/618,964	07/15/2003	•	Satoshi Wada		A1/22/2A	99 011	029650-142 DNUHFZ 00008076 10	518964 5917		
TITLE OF INVENTION	: HEMOSTATIC DEVIC	CE			01 FC:15		2011 C 00000810 16			
			·		02 FC:15 03 FC:80	04		1510.00 OP 300.00 OP 6.00 OP		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300		\$0		\$1810	01/20/2009		
EXAM	INER	ART UNIT	CLASS-SUBCLASS							
JACKSON, BRANDON LEE		3772	602-053000							
	ence address or indication	of "Fee Address" (37	2. For printing on t	he pa	atent front page, lis	t	BUCHANA	N INCEPSOIL		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  BUCHANAN INGERSOLL  F. BOONEY, DC							
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			(2) the name of a s registered attorney 2 registered patent listed, no name wil	me of a single firm (having as a member a lattorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print o	r typ	e)					
PLEASE NOTE: Unlease recordation as set forth	ess an assignee is identi h in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the Tasubstitute for filing	he pa g an a	tent. If an assigne	ee is id	lentified below, the do	cument has been filed for		
(A) NAME OF ASSIC	GNEE		(B) RESIDENCE: (C	CITY	and STATE OR C	OUNT	RY)			
TERUMO KAB	USHIKI KAISHA		SHIBUYA-K	ΚU,	токуо, ја	PAN				
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):		Individual 🛛 Co	rporati	on or other private gro	p entity Government		
4a. The following fee(s) a	are submitted:	· 4b	. Payment of Fec(s): (	Pleas	se first reapply an	y prev	iously paid issue fee s	hown above)		
☐ A check is enclosed					I F PTO 2020					
					it card. Form PTO-2038 is attached. ereby authorized to charge the required fec(s), any deficiency, or credit any Deposit Account Number 02-4800 (enclose an extra copy of this form).					
	•		overpayment, to D	Depos	it Account Numbe	r <u>02</u> -	-4800 (enclose an	extra copy of this form).		
<ol> <li>Change in Entity Stat</li> <li>a. Applicant claims</li> </ol>	tus (from status indicated s SMALL ENTITY statu:	,	☐ b. Applicant is no	long	er claiming SMAL	L ENT	ΓΙΤΥ status. See 37 CF	R 1.27(g)(2).		
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Authorized Signature	44 0 4 6	h		-	Date Ja	mar	7 21,2009			
Typed or printed name			Registration N	o	32,814					
This collection of information an application. Confident submitting the completed	ation is required by 37 Cliality is governed by 35 application form to the	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection is depending upon the i	or re s esti ndivi				by the USPTO to process) gathering, preparing, and e you require to complete		

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CURRENT CORRESPONDE	ENCE ADDRESS (Note: Use Bi	ock 1 for any change of address)	Fee(	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
BURNS, DOA P.O. Box 1404 Alexandria, VA	NE, SWECKER &	I he Stat addı tran	Cerreby certify that this es Postal Service we ressed to the Mail smitted to the USP	tificate of Mai is Fee(s) Trans vith sufficient p Stop ISSUE FO (571) 273-2	ding or Transn smittal is being costage for first FEE address a 2885, on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.			
		enn "The	w				(Depositor's name)		
		JAN 2 1 2009	<b>E</b> ) –				(Signature)		
<del></del>		1,181,	<u>*</u>				(Date)		
APPLICATION NO.	FILING DATE	THE WAR	RST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/618,964	10/618,964 07/15/2003			Satoshi Wada 029650-142			5917		
TITLE OF INVENTION	HEMOSTATIC DEVI	JE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTA	L FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/20/2009		
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]					
JACKSON, BR	ANDON LEE	3772	602-053000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent atto.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BUCHANAN INGERSOLL  & ROONEY PC					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or type	oe)					
				•	ee is identified	I below, the do	cument has been filed for		
(A) NAME OF ASSIC		iction of this form is no	(B) RESIDENCE: (CITY						
TERUMO KAB	USHIKI KAISHA		SHIBUYA-KU,	TOKYOTA	ΡΔΝ				
Please check the appropri	ate assignee category or	categories (will not be pr				her private gro	up entity Government		
4a. The following fee(s) a  S Issue Fee	re submitted:	Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).							
5. Change in Entity Stat	us (from status indicated	l above)			· <u>UZ 4001</u>	<u> (enclose un</u>	oxaa copy or ans romy.		
	SMALL ENTITY statu		b. Applicant is no long						
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Authorized Signature	Mothel	h		Date Ja	may 2	1, 2009			
Typed or printed name	Matthew L.	Schneider		Registration N	o. <u>32,8</u>	14			
this form and/or suggestic	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SELIC PRESSOR	on is required to obtain or r 1.14. This collection is est depending upon the indive Chief Information Office	etain a benefit by the imated to take 12 n idual case. Any corr, U.S. Patent and	ninutes to com mments on the Trademark Off	h is to file (and plete, including amount of time fice, U.S. Depar	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O.		

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